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11/19/2003

Daniel Reitenbach CROMPTON CORPORATION 199 Benson Road Middlebury, CT 06749



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(Depositor's name)	Marie Cipriano
(Signature)	Marie Ciprissio
(Date)	Dec. 10, 2003

A	PLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
	09/996,774	11/30/2001	Theodore E. Nalesnik	0096-UP	4613

TITLE OF INVENTION: ALKYL-SUCCINHYDRAZIDE ADDITIVES FOR LUBRICANTS

APPLN. TYPE	SMALL ENTITY	ISSUE FE	E	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	nonprovisional NO \$1330			\$300	\$1630	02/19/2004
EXAMINER		ART UNI	Т	CLASS-SUBCLASS]	
JOHNSON, JERRY D		1764		508-255000	_	
I. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			names of agents Ol firm (hav agent) an	nting on the patent front page, up to 3 registered patent a R, alternatively, (2) the name ing as a member a registered d the names of up to 2 regist or agents. If no name is liste- inted.	of a single attorney or 2	el P. Dilworth

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE Uniroyal Chemical C				,		
Please check the appropriate assignee category or categories (will no	ot be printed on the patent);	individual	Corporation or other private gro	up entity		
4a. The following fee(s) are enclosed:	4b. Payment of Fee(s):	•				
X Issue Fee	☐ A check in the amo	unt of the fee(s)	s enclosed.			
☐ Publication Fee	Payment by credit of	card. Form PTO-2	2038 is attached.			
X Advance Order - # of Copies15	The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 21-0525 (enclose an extra copy of this form).					
(Authorized Signature) (Authorized Signature) (Authorized Signature) (Data 2	at be accepted from anyonel assignee or other party in rademark Office. e information is required to the USPTO to process) an CFR 1.14. This collection is reparing, and submitting the rending upon the individual complete this form and/or off Information Officer, U.S. erce, Alexandria, Virginia MS TO THIS ADDRESS. 3-1450.		SSESHE2 00000109 210525 1330.00 DA 45.00 DA	09996774		